

**ARKANSAS BOARD OF REGISTRATION FOR  
PROFESSIONAL ENGINEERS AND LAND SURVEYORS  
P.O. Box 3750  
Little Rock, Arkansas 72203  
[www.state.ar.us/pels/](http://www.state.ar.us/pels/)  
Phone (501) 682-2824**

**INSTRUCTIONS FOR COMPLETING LSIT APPLICATION**

All applications will be returned immediately if these instructions are not followed exactly.

1. Application must be typed.
2. Enclose one recent photograph of yourself.
3. Ask your (3) references to complete the reference forms using a typewriter or use a ball-point pen or you can e-mail them the forms after completing the top portion (typing your name).
4. Complete the experience sheets fully – the Board is not familiar with your work, so your experience must be judged and evaluated on the information you furnish. Experience information must be detailed and complete.
5. FEES:  
Make check payable to: PE & PLS Fund.  
Registration: \$25.00 (This fee must accompany the application)  
Exam Fee: \$80.00 Examination fees may be submitted after you have been accepted into the examination.  
You will have 15 days to forward the fees to the Board.  
All payments are non-refundable, unless waived by Board action.
6. It is the responsibility of the applicant to forward all references and verification forms to the appropriate parties. As soon as you are approved to take the exam, you will be notified.
7. Examinations are given in APRIL and OCTOBER:  
Applications to be considered for the APRIL exam must be in the Board's Office complete by FEBRUARY 1<sup>st</sup>. (This includes all three (3) references).  
Applications to be considered for the OCTOBER Exam must be in the Board's Office complete by AUGUST 1<sup>st</sup>. (This includes all three (3) references).
8. Street address is 410 West Third St. Ste. 110, Little Rock, AR 72201. Please give the delivery company our phone # 501-682-2824 in case of a new driver.
9. Please include any transcripts from educational institutions attended or correspondence courses taken.

**IMPORTANT:** If any information or reference sheets are received in this office after the deadline, they will be placed in your file and retained until the next testing date.

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**APPLICATION FOR REGISTRATION  
AS A LAND SURVEYOR IN TRAINING**

**GENERAL INFORMATION**

Name in full \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_  
If you have ever used another name list it here \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Telephone (O) \_\_\_\_\_ Ext. \_\_\_\_\_  
Employer \_\_\_\_\_  
Preferred Mailing Address \_\_\_\_\_

Present Position \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ \_ Age \_\_\_\_\_

Are you a resident of Arkansas? \_\_\_\_\_ Since \_\_\_\_\_ (year) \_\_\_\_\_

Are you a U.S. citizen? Yes ☐ No ☐ If not, where? \_\_\_\_\_

Have you taken the LSIT exam previously? Yes ☐ No ☐ Where? \_\_\_\_\_ When? \_\_\_\_\_

**EDUCATION**

Preparatory Education (Circle Highest Grade Completed)

1 2 3 4 5 6 7 8 9 10 11 12

Attended high school at \_\_\_\_\_ for \_\_\_\_\_ years

Graduated on \_\_\_\_\_

**COLLEGE OR TECHNICAL EDUCATION**

INSTITUTION ATTENDED		PERIOD OF ATTENDANCE			TECHNICAL	DATE	DEGREE
NAME	LOCATION	FROM	TO	YEARS	COURSE	GRADUATED	RECEIVED
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Date Received Application: \_\_\_\_\_

Check: \_\_\_\_\_

File Complete on: \_\_\_\_\_

\_\_ Approve for Exam

\_\_ Interview

\_\_ Discuss

\_\_ Reject

Please tape sides down

**Attach Recent Photograph  
With Face Not Less  
Than 3/4" Wide**

Photo taken on \_\_\_\_\_

### REFERENCES

Give the names of 3 references, **not relatives and not members of this Board**. Two must be licensed land surveyors who are familiar with your work.

Name	Mailing Address—Street and Number	City	State	Zip Code

### MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTIONS (Professional or Scientific)

Name of Organization	Location	Grade of Membership	Date of Entrance

I do hereby certify that I have read the Rules and Regulations of the Board, the Rules of Professional Conduct, and the Arkansas Minimum Standards for Property Boundary Surveys and Plats, and by submitting this application agree to be bound by the Acts of Arkansas, the Rules and Regulations of the Board, the Rules of Professional Conduct, and the Minimum Standards and that a violation of any of the above could be the basis for revocation of my license.

\_\_\_\_\_  
Signature of Applicant

### AFFIDAVIT ( To be attested before a Notary Public or other officer authorized to administer oaths)

State of \_\_\_\_\_  
SS

County of \_\_\_\_\_

On the day of \_\_\_\_\_, 20\_\_\_\_, before the undersigned, a Notary Public, in and for the County and State

Aforesaid, came \_\_\_\_\_

a resident of \_\_\_\_\_, County and State of \_\_\_\_\_, known to me as the person herein described and subscribing hereto, as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.

Signature of Affiant \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

### ENDORSEMENT

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title or Position)

of the \_\_\_\_\_ hereby certify that I have examined the foregoing record which to the best  
EMPLOYER OR SUPERVISOR

of my knowledge and belief is correct and recommend that the applicant named herein be approved for examination as a Surveyor-in-Training.

\_\_\_\_\_  
EMPLOYER OR SUPERVISOR



**ARKANSAS  
STATE BOARD OF REGISTRATION  
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203**

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Office of Registrar \_\_\_\_\_ (College Name)

Applicant's Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Phone \_\_\_\_\_

Dear Sir or Madam:

The above named individual has filed, with this Board, an application for registration as a professional engineer under the provisions of Act 214 of the 1953 General Assembly of the State of Arkansas. In regard to his/her education, he/she states as follows:

List Degrees and Date Received: **ONLY** a registrar may complete this form.

\_\_\_\_\_

*Registrar Completes: place college seal here*

**Correct:** \_\_\_\_\_

**Incorrect:** \_\_\_\_\_

Registrar's name \_\_\_\_\_

Phone number \_\_\_\_\_

Date: \_\_\_\_\_

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,  
Executive Director

**ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS  
AND LAND SURVEYORS**

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203.

## Land Surveyor In Training

**Arkansas Board of Registration for  
Professional Engineers and Land Surveyors**

**P.O. Box 3750  
Little Rock, AR 72203**

\_\_\_\_\_  
Applicant's Name

**Note:** The applicant will forward this form to each reference. Each reference is requested to complete it fully and forward directly to the Board with the understanding that it will be held in strict confidence.

(Please use black typewriter ribbon or a dark ball-point pen)

### ***PERTAINING TO APPLICANT***

1. I have known the applicant for \_\_\_\_\_ years.
2. I (am) (am not) related. Relationship \_\_\_\_\_
3. Applicant is employed by \_\_\_\_\_
4. Applicant's general reputation and character are \_\_\_\_\_
5. I believe applicant's technical ability to be (fair) (average) (good) (excellent) (superior).
6. My business connection with applicant (is) (has been) \_\_\_\_\_
7. Would you entrust the applicant with responsibility for an important surveying project involving the welfare and safety of the public? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_
8. In your opinion has the applicant had experience in (a) boundary surveys ☐ (b) area surveys ☐ (c) mapping ☐ (d) land descriptions ☐ and other surveying work which justify applicant's registration as a land surveyor.
9. The following is my evaluation of the applicant's ability as a land surveyor.  
\_\_\_\_\_  
\_\_\_\_\_

### ***PERTAINING TO REFERENCE***

My business of profession is:

\_\_\_\_\_  
I am a registered professional land surveyor in the state of \_\_\_\_\_ Reg.No. \_\_\_\_\_

I am associated with:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Please Type or Print Your Name \_\_\_\_\_ Signature \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT – Do Not Fill Out until you read and understand this form.**

**LSIT EXPERIENCE SHEET PG. 1**

1. Make statements brief and concise, designating each change in position a separate engagement. Include the scope and complexity of work as well as your duties and degree of responsibility. If necessary, additional sheets may be used. (Begin with your earliest experience.)
2. Each of the six columns under “Time” should be filled out for each engagement, using years and tenths of years. Do not leave blank spaces, and do not use the word “yes”.

Date, Month & Year		Title of Position, Name of Employer and Character of Each Engagement	(Total professional time cannot exceed calendar time.)						Name and Address Of Supervisor Reg. No. if Applicable
			TIME (Years in Decimals)					Total Professional time	
			Professional Work in Boundary Land Surveying				Computing and Mapping		
			Sub-professional work		Party Chief Or Above	Title search And Description			
From	To	Const. & other Survey	Axman Chain or Rodman						

## LSIT EXPERIENCE SHEET PG. 2

Date, Month & Year		Title of Position, Name of Employer and Character of Each Engagement	TIME (Years in Decimals)						Name and Address Of Supervisor Reg. No. if Applicable
From	To		Sub-professional work		Party Chief Or Above	Title search And Description	Computin g and Mapping	Total Profess- ional time	
			Const. & other Survey	Axman Chain or Rodman					
a.	Total Sub-professional Time in Construction & Other Survey.....								
b.	Total Sub-professional Time in Axman, Chainman, and or Rodman .....								
c.	Total Professional Time as Party Chief or above.....								
d.	Total Professional Time in Title Searching and Preparing Deed Descriptions.....								
e.	Total Professional Time in Computing and Mapping.....								
Total Professional Time c + d + e (Not to exceed calendar time) .....									